



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation

Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000155096

2. Name of Corporation The Molar Express

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813212

4. Corporate Address in Rhode Island

No. and Street: 100 BULLOCKS POINT AVENUE

City or Town: RIVERSIDE

State: RI Zip: 02915 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SUPPORTING COMMUNITY HEALTH CENTERS THAT ARE TAX-EXEMPT UNDER
SECTION 501C(3) OF THE CODE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.
7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DENNIS ROY	19 BROADWAY NEWPORT, RI 02940 USA
SECRETARY	NICOLE QUINDAZZI	450 CLINTON ST WOONSOCKET, RI 02895 USA
VICE PRESIDENT	JOANNE MCGUNAGLE	311 DORIC AVE CRANSTON, RI 02910 USA
DIRECTOR	STEPHANIE MCCAFFERY	19 BROADWAY NEWPORT, RI 02940 USA
DIRECTOR	WILLIAM HOCHSTRASSER-WALSH	311 DORIC AVE CRANSTON, RI 02910 USA
DIRECTOR	MICHAEL FANTOM	45 GAY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	KAREN MCEACHERN	45 GAY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	JEANNE LACHANCE	450 CLINTON ST WOONSOCKET, RI 02895 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of June, 2017 at 2:36:38 PM by the authorized person. This electronic
signature of the individual or individuals signing this instrument constitutes the affirmation or
acknowledgement of the signatory, under penalties of perjury, that this instrument is that
individual's act and deed or the act and deed of the company, and that the facts stated herein are
true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By KEVIN S. COTE
Signature of Authorized Person

Form No. 631
Revised 09/07